

of expertise have organized, collaborative links with community home care services and sufficient resources. **CONCLUSIONS:** Home chemotherapy requires a well-integrated multidisciplinary team of health professionals in partnership with selected patients and their informal caregivers. Our study shows the need for regionalized approaches within centralized standard setting and funding, increased resources and support for program evaluation, and a comprehensive cancer care model.

DIABETES—Economic Outcomes

PDB1

COST-EFFECTIVENESS OF SWITCHING PATIENTS TO COMBINED GLIBENCLAMIDE AND METFORMIN (GLUCOVANCE) WHEN POORLY CONTROLLED WITH METFORMIN MONOTHERAPY: THE FRENCH PERSPECTIVE

Roze S¹, Palmer AJ¹, Cabrières L², Comte S²

¹CORE Center for Outcomes Research, Basel, Switzerland;

²Lipha S.A.S, Lyon, France

OBJECTIVES: Poor glycaemic control is associated with increased risk of micro- and macro-vascular disease in type 2 diabetes (T2D) patients. Switching patients from metformin to Glucovance (combined glibenclamide/metformin) leads to improved glycaemic control in previously poorly controlled patients. No long-term studies have been performed that compare complication rates, mortality, and long-term costs in patients switched from metformin to Glucovance. A method was sought to link the effects on glycaemic control of switching from metformin to Glucovance to long-term complication rates and associated costs. **METHODS:** A validated model was used to quantify the improvements in life expectancy (LE), the changes in total lifetime costs (TC) associated with the improved glycaemic control seen with switching patients from metformin to Glucovance. Standard Markov modelling was used to describe the long-term incidence and progression of diabetes-related complications (angina, MI, stroke, heart failure, peripheral vascular disease, neuropathy, foot ulcer, amputation, renal disease, and eye disease). Probabilities of complications and HbA1c-dependent adjustments were derived from published studies. Switching from metformin to Glucovance lead to a 1% point improvement in HbA1c. Direct costs of diabetes complications and treatment with either metformin or Glucovance were projected over patients' lifetimes (discounted 5% p.a.). Costs of complications were retrieved from published sources. A French third party payer perspective was taken. A typical type 2 diabetes cohort (baseline age of 59) was simulated over a 30 years period. Extensive sensitivity analysis was performed. **RESULTS:** Improved glycaemic control after switching from metformin to Glucovance lead to decreased incidence and progression of diabetes-related complications, with an increase in LE of 0.80 years, and reduction in TC/patient of €2,050. **CONCLUSIONS:**

Switching from metformin to Glucovance is dominant to maintaining patients on MET monotherapy with poor control. Further long-term clinical studies with economic data collection are required to confirm these results.

PDB2

COST-EFFECTIVENESS ANALYSIS OF GLYCEMIC CONTROL WITH PIOGLITAZONE HYDROCHLORIDE FOR JAPANESE PATIENTS WITH TYPE II DIABETES

Ikeda S¹, Kobayashi M²

¹Keio University, Tokyo, Japan; ²Crecon Research and Consulting Inc, Tokyo, Japan

OBJECTIVES: To estimate the cost-effectiveness of glycemic control with pioglitazone hydrochloride compared to conventional treatment for Japanese patients with Type II diabetes. **METHODS:** This study used the Japanese Diabetes Risk Simulation Software to estimate the lifetime cost per life-year or quality-adjusted life year (QALY). The hypothetical cohort was comprised of 1000 individuals living in Japan, aged 50 years, who were newly diagnosed as having Type II diabetes without retinopathy, nephropathy complications or history of coronary heart disease (CHD). Clinical effectiveness data were taken from the results of clinical trials conducted in Japan. Cost data were based on the fee schedule used for hospital outpatients in 2000. Costs (in 2000, Japanese yen), life expectancy and QALYs were discounted at 3% per annum. **RESULTS:** Glycemic control with pioglitazone hydrochloride reduced the cumulative incidence of blindness, dialysis and CHD by 22.2%, 12.2% and 7.9%, respectively. As a result, it produced a net saving of 390,000 yen per patient over the lifetime despite the additional annual cost of 70,000 yen for pharmacotherapy. Increased life expectancy was 0.61 years, and 0.68 QALYs was gained. **CONCLUSIONS:** Glycemic control with pioglitazone hydrochloride reduces costs and improves health outcomes relative to conventional treatment in patients with Type II diabetes in Japanese clinical settings.

PDB3

INTENSIVE LIFESTYLE CHANGES OR METFORMIN IN OVERWEIGHT, GLUCOSE INTOLERANT PATIENTS: MODELING THE LONG-TERM HEALTH ECONOMICS IMPLICATIONS OF THE DIABETES PREVENTION PROGRAM IN THE FRENCH, GERMAN, AND UK SETTINGS

Palmer AJ¹, Roze S¹, Comte S², Cabrières L²

¹CORE Center for Outcomes Research, Basel, Switzerland;

²Lipha S.A.S, Lyon, France

OBJECTIVES: In the Diabetes Prevention Program (DPP), overweight patients with impaired glucose tolerance randomized to either intensive lifestyle changes (ILC) or metformin (MET) reduced their risk of develop-